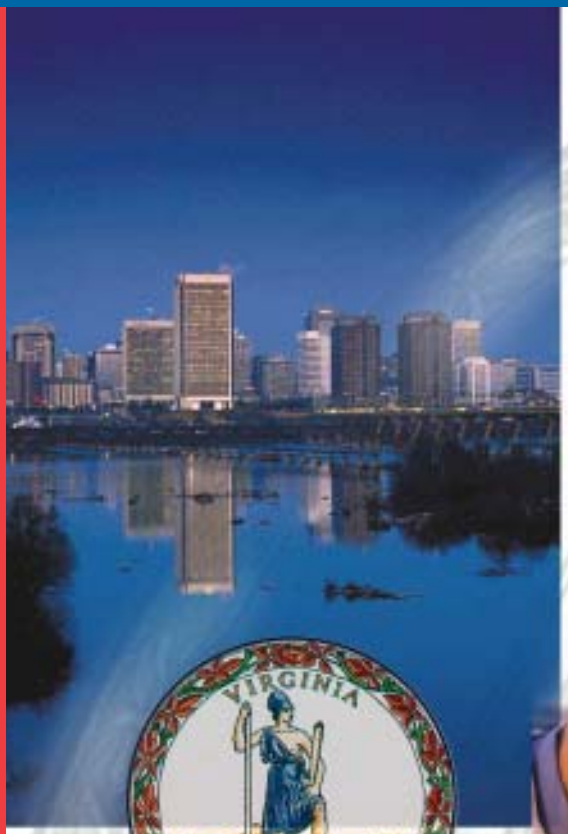
delmarva foundation



Commonwealth of Virginia Department of Medical Assistance Services

External Quality Review

Southern Health Services
(CareNet)

Performance Improvement Project Validation

SFY 2004

We don't provide healthcare... we make it better.

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Performance Improvement Project Validation Summary Southern Health Services (CareNet)

Introduction and Purpose

The Virginia Department of Medical Assistance Services (DMAS) requires all Managed Care Organizations (MCOs) participating in the Medallion II Program to have ongoing performance improvement projects (PIPs). The purpose of having MCOs conduct PIPs is to assist large systems in evaluating and improving health care processes that link to member outcomes.

PIP activity can offer states an insight into the strengths and weaknesses of a MCO's quality management system (QMS), as many projects typically run two to three years and use numerous resources internally and externally to target specific providers, enrollees, and others to show meaningful improvement in one measure. Minimum expectations for PIP activity is that the MCO is able to report on their performance in a specific area by producing valid data that can be collected, measured, analyzed, and reported on an annual basis.

DMAS is adhering to the regulations set forth in the Balanced Budget Act of 1997 requiring state Medicaid agencies to annually evaluate the quality of services furnished by each MCO to Medicaid enrollees. In view of this requirement the DMAS established a contract with a quality improvement organization, Delmarva Foundation, Inc. (Delmarva), to serve as the External Quality Review Organization (EQRO) who will independently assess each Medallion II MCO's performance for the contract year of 2004.

Medallion II MCOs were required to submit one (1) asthma related PIP for the 2004 contract year. This report is a validation summary of Southern Health Services' (CareNet) PIP activity that speaks to the soundness of the PIP design and whether DMAS can have confidence in the reported results. At a minimum, Medallion II MCOs were expected to submit a project report with baseline measurement to the EQRO for validation. All of the Medallion II MCOs used audited Health Plan Employer Data and Information Set (HEDIS®) measures to evaluate performance in specific areas related to national benchmarks. Final HEDIS® reports are sent to MCOs in the summer; therefore, the MCOs submitted final PIPs to the EQRO in the fall of 2004.

This validation summary report will share the Delmarva's methodology for validation, provide a summary of the major findings for each review component, comment on project's strengths and areas for improvement,

and make recommendations for resubmission or future process improvements for areas receiving partial or unmet evaluation comments.

Methodology

CareNet submitted their 2004 PIP on the National Committee's for Quality Assurance Quality Improvement Activity Form, which is the reporting tool that DMAS directed the MCOs to use when reporting their 2003 PIP activities. DMAS also agreed with the EQRO utilizing CMS' *Validation of PIPs* protocols as guidelines for review activities. To prepare each Medallion II MCO for the new validation requirements, Delmarva presented a four-hour program to orient the plans to the new BBA requirements and PIP Validation Protocols so that they would be familiar with the protocols used to evaluate their performance. CMS' Validation Protocols -"*Conducting and Validating Performance Improvement Projects"*- were presented to the MCOs in hardcopy during the PowerPoint presentation.

In addition to training nursing and health analysts in the QIA form, Delmarva staff received one eight-hour didactic educational program on the new EQR protocols. After developing a crosswalk between the QIA form and *Validating PIP Worksheet,* Delmarva staff developed review processes and worksheets using CMS' protocols as guidelines (2002). CMS' *Validation of PIPs* assist EQROs in evaluating whether or not the PIP was designed, conducted, and reported in a sound manner, and a state agency could have a degree of confidence in the reported results.

Review Activity

After CareNet submitted their 2004 PIP, *Increasing the Number of Members with Asthma to Receive Care According to Guidelines* electronically, a notice was sent to the plan to confirm receipt. CareNet's PIP submission showed that the project recently completed its fourth remeasurement cycle in 2003. The reviewers evaluated the entire project submission, although, the minimum requirement is that CareNet review and analyze its baseline performance in 2003 to develop strong, self-sustaining interventions targeted to reach meaningful improvement.

A registered nurse, with over 20 years of QI and Managed Care experience, and over 4 years quality improvement project review experience, completed the validation activity. A Review Manager assessed each validation worksheet. A summary report was developed for each validation worksheet. A copy of CareNet's PIP submission and PIP Validation Worksheets are included in addendum A1 and A2 respectively.

Findings

CareNet's PIP study design was sound methodologically, and the descriptions followed the NCQA QIA form instructions for reporting.

CareNet's PIP targeted all Medicaid enrollees with a diagnosis of asthma. The purpose of their 2003 PIP was to evaluate the care provided to Medallion II enrollees with asthma to determine the appropriateness of clinical management of these individuals. CareNet reported that this PIP targeted total number of members identified as asthmatics in the measurement year. CareNet listed three goals for their 2003 PIP which are:

1) To increase the number of enrollees with asthma who had an influenza vaccination to 80%,
2) To decrease the number of enrollees with asthma who had an acute hospital admission to less than 10%, and
3) To decrease the number of enrollees with asthma who had an acute emergency department visit to less than 10%. There were no descriptions of enrollment criteria.

Care Net reported in 2003, of the eligible enrollees who were targeted, 9.26% received an influenza vaccination, 11.9% were admitted to an acute hospital, and 54.63% had an ED visit. The plan reported an improvement over time, as this was the fourth remeasurement cycle for these three indicators.

Strengths and Opportunities for Improvement

Selection of study topic and focus area, problem statement, and indicators

Opportunities for improvement: The plan provided internal data from 1998 to justify why the topic and specific focus was chosen for this baseline project cycle (CY 2003). There was not a description of a clear problem statement that supports the rationale for this study. Age and enrollment criteria should be described to show evidence of a well-defined and measurable indicator.

Study population

Strengths: Southern Health clearly identified their study population to include all CareNet members identified as asthmatic via ICD9 code 493.

Sampling methodology

Strengths: CareNet stated that they included the entire eligible population in the PIP.

Data collection procedures

Strengths: The data to be collected and the sources of data were clearly specified as claims, encounter, and pharmacy data.

Opportunities for Improvement: It is unclear whether pharmacy data will be collected manually or through an automated system. The PIP did not include a plan to ensure that data collection tools provided consistency and accuracy in data collection. The PIP did not specify the qualifications of staff/personnel used to collect the data. A clear data analysis plan was not described, other than state the frequency was annually.

Improvement strategies

Strengths: CareNet performed a qualitative barrier analysis in 2003 that described their Quality Management System's approach to barrier analysis.

Opportunities for improvement: CareNet described that the PIP's purpose was to determine the appropriateness of clinical management of these individuals. Clinical management is one of the responsibilities of providers, and there was one barrier and one intervention developed to target providers. To maintain or to sustain improvement in the three areas, it might be beneficial for CareNet to develop a face-to-face intervention targeting providers who order care and services.

Data analysis and interpretation of study results

This is the baseline review year for this project using the new BBA requirements and PIP protocols. CareNet analyzed its findings after each remeasurement period in compliance with its stated data analysis cycle. Both a quantitative and qualitative analysis was performed.

Recommendations

To address opportunities for improvement, the reviewers make the final recommendations to strengthen future PIP reporting activities:

1) Describe results of internal data analysis that lends support for the study's rationale.
2) Clearly state the problem statement that supports the rationale for the study.
3) Specify inclusion and exclusion criteria, such as age and enrollment, to define measurable indicators.
4) Clearly identify which data sources are used to calculate the indicator.

5) Describe efforts taken to assure the data is valid, including audits of the data collection, the plan of data analysis, and the qualifications of the staff responsible for collecting the data. Clarify whether the pharmacy data is collected manually or through an automated system.
6) To maintain or to sustain improvement in the three areas, it might be beneficial for CareNet to develop a face-to-face intervention targeting providers who order care and services.

NCQA Quality Improvement Activity Form

Activity Name: Increasing the Number of Members With Asthma to Receive Care According to the Guidelines	
Section I: Activity Selection and Methodology	
A. Rationale. Use objective information (data) to explain your rationale for why this activity is important to members or practitioners *and* why there is an opportunity for improvement.	
Asthma has consistently ranked in the top 25 diagnoses for inpatient and ambulatory services. Review of utilization data showed approximately 6% of members diagnosed with asthma had an ER visit in 1998. Southern Health wanted to evaluate the care provided to asthmatics to determine the appropriateness of clinical management of asthmatics. Southern Health chose to include all Care*N*et members identified as asthmatic via ICD9 code 493. The following CPT9 codes were reviewed: 90724, V03.81, V04.8 and G0008 (State mandated code).	
B. Quantifiable Measure(s). List and define *all* quantifiable measures used in this activity. Include a goal or benchmark for each measure. If a goal was established, list it. If you list a benchmark, state the source. Add sections for additional quantifiable measures as needed.	
Quantifiable Measure #1:	Percent of eligible members who had an influenza vaccination
Numerator:	Number of asthmatics who had an influenza vaccination in the measurement year
Denominator:	Total number of members identified as asthmatic in the measurement year
First measurement period dates:	January 1, 1999 to December 31, 1999
Baseline Benchmark:	NA
Source of benchmark:	NA
Baseline goal:	NA
Quantifiable Measure #2:	Percent of eligible members who had an acute hospital admission
Numerator:	Number of asthmatics who had an acute hospital admission in the measurement year
Denominator:	Total number of members identified as asthmatic in the measurement year
First measurement period dates:	January 1, 1999 to December 31, 1999
Baseline Benchmark:	NA
Source of benchmark:	NA
Baseline goal:	NA

Quantifiable Measure #3:	Percent of eligible members who had an acute ER visit
Numerator:	Number of asthmatics who had an acute ER visit in the measurement year
Denominator:	Total number of members identified as asthmatic in the measurement year
First measurement period dates:	January 1, 1999 to December 31, 1999
Baseline Benchmark:	NA
Source of benchmark:	NA
Baseline goal:	NA

C. Baseline Methodology.

C.1 HEDIS/CAHPS® 2.0H Methodology. (*Note:* HEDIS/CAHPS® methodology is not required.)

Was HEDIS/CAHPS® methodology used? Complete for each measure.

[ ] Yes.

List the years used: _____ , _____ , _____ , _____

List the HEDIS® measure and/or CAHPS® 2.0H question numbers used and/or the composite questions used:

_____

[**X**] No.

C.2 Data Sources.

[ ] Medical/treatment records
[**X**] Administrative data:
[**X**] Claims/encounter data [ ] Complaints [ ] Appeals [ ] Telephone service data [ ] Appointment/access data
[ ] Hybrid (medical/treatment records and administrative)
[ ] Pharmacy data
[ ] Survey data (attach the survey tool and the complete survey protocol)
[ ] Other (list and describe):

_____

_____

If HEDIS/CAHPS®methodology was used for all measures, *skip to Section 1.D.* Complete Sections 1.C.3–6 only for each measure that does not use HEDIS/CAHPS® methodology.

C.3 Data Collection Methodology. Check all that apply and enter the measure number from Section B next to the appropriate methodology.

If medical/treatment records, check below:

[ ] Medical/treatment record abstraction

If survey, check all that apply:

[ ] Personal interview
[ ] Mail
[ ] Phone with CATI script
[ ] Phone with IVR
[ ] Internet
[ ] Incentive provided
[ ] Other (list and describe):

_____

_____

If administrative, check all that apply:

[**X**] Programmed pull from claims/encounter files of all eligible members
[ ] Programmed pull from claims/encounter files of a sample of members
[ ] Complaint/appeal data by reason codes
[**X**] Pharmacy data
[ ] Delegated entity data
[ ] Vendor file
[ ] Automated response time file from call center
[ ] Appointment/access data
[ ] Other (list and describe):

_____

_____

C.4 Sampling. If sampling was used, provide the following information.

Measure	Population Size	Sample Size	Method for Determining Size *(describe)*	Sampling Method *(describe)*

C.5 Data Collection Cycle.	Data Analysis Cycle.
[**X**] Once a year [ ] Twice a year [ ] Once a season [ ] Once a quarter [ ] Once a month [ ] Once a week [ ] Once a day [ ] Continuous [ ] Other (list and describe): _____ _____	[**X**] Once a year [ ] Once a season [ ] Once a quarter [ ] Once a month [ ] Continuous [ ] Other (list and describe): _____ _____

C.6 Other Pertinent Methodological Features. Complete only if needed.

D. Changes to Baseline Methodology. Describe any changes in methodology from measurement to measurement.

Include, as appropriate:

- Measure and time period covered
- Type of change
- Rationale for change
- Changes in sampling methodology, including changes in sample size, method for determining size and sampling method
- Any introduction of bias that could affect the results

NA_____

_____

_____

_____

Section II: Data / Results Table

Complete for each quantifiable measure; add additional sections as needed.

#1 Quantifiable Measure: Percent of eligible members who had an influenza vaccination

Time Period Measurement Covers	Measurement	Numerator	Denominator	Rate or Results	Comparison Benchmark	Comparison Goal	Statistical Test and Significance*
1/1/99 to 12/31/99	***Baseline:***	11	549	2.0%	NA	NA	Chi-square test:
1/1/00 to 12/31/00	Remeasurement 1:	33	830	3.96%	NA	80%	Baseline to R1:
1/1/01 to 12/31/01	Remeasurement 2:	41	1138	3.6%	NA	80%	X^2=4.16, P=0.041
1/1/02 to 12/31/02	Remeasurement 3:	89	1703	5.22%	NA	80%	R1 to R2: X^2=0.18, P=0.667
1/1/03 to 12/31/03	Remeasurement 4:	204	2202	9.26%	NA	80%	R2 to R3: X^2=4.12, P=0.042
	Remeasurement 5:						R3 to R4: X^2=22.56, P=<0.001
							Baseline to R4: X^2=32.15, P=<0.001

#2 Quantifiable Measure: Percent of eligible members who had an acute hospital admission

Time Period Measurement Covers	Measurement	Numerator	Denominator	Rate or Results	Comparison Benchmark	Comparison Goal	Statistical Test and Significance*
1/1/99 to 12/31/99	***Baseline:***	48	549	8.74%	NA	NA	Chi-square test:
1/1/00 to 12/31/00	Remeasurement 1:	89	830	10.72%	NA	<10%	Baseline to R1:
1/1/01 to 12/31/01	Remeasurement 2:	106	1138	9.31%	NA	<10%	X^2=1.45, P=0.229
1/1/02 to 12/31/02	Remeasurement 3:	217	1703	12.74%	NA	<10%	R1 to R2: X^2=1.07, P=0.302
1/1/03 to 12/31/03	Remeasurement 4:	262	2202	11.9%	NA	<10%	R2 to R3: X^2=553.81, P=<0.001
	Remeasurement 5:						R3 to R4: X^2=0.64, P=0.425
							Baseline to R4: X^2=4.38, P=0.036

#3 Quantifiable Measure: Percent of eligible members who had an acute ER visit							
Time Period Measurement Covers	**Measurement**	**Numerator**	**Denominator**	**Rate or Results**	**Comparison Benchmark**	**Comparison Goal**	**Statistical Test and Significance***
1/1/99 to 12/31/99	***Baseline:***	102	549	18.58%	NA	NA	Chi-square test:
1/1/00 to 12/31/00	Remeasurement 1:	310	830	37.34%	NA	<10%	Baseline to R1:
1/1/01 to 12/31/01	Remeasurement 2:	390	1138	34.27%	NA	<10%	X^2=55.57, P=<0.001
1/1/02 to 12/31/02	Remeasurement 3:	944	1703	55.43%	NA	<10%	R1 to R2: X^2=1.99, P=0.159
1/1/03 to 12/31/03	Remeasurement 4:	1203	2202	54.63%	NA	<10%	R2 to R3: X^2=122.64, P=<0.001
	Remeasurement 5:						R3 to R4: X^2=0.25, P=0.619
							Baseline to R4: X^2=229.08, P=<0.001

* If used, specify the test, p value, and specific measurements (e.g., baseline to remeasurement #1, remeasurement #1 to remeasurement #2, etc., or baseline to final remeasurement) included in the calculations. NCQA does not require statistical testing.

Section III: Analysis Cycle

Complete this section for EACH analysis cycle presented.

A. Time Period and Measures That the Analysis Covers.

1/1/99 to 12/31/99 – all measures
1/1/00 to 12/31/00 – all measures
1/1/01 to 12/31/01 – all measures
1/1/02 to 12/31/02 – all measures
1/1/03 to 12/31/03 – all measures

B. Identifying and Analyzing Opportunities for Improvement. Describe the analysis and include the points listed below.

B.1 *For the quantitative analysis*, include the analysis of the following:
- Comparison with the goal/benchmark
- Reasons for changes to goals
- If benchmark(s) changed since the baseline, list source and date of change(s)
- Comparison with previous measurements
- Trends, increases or decreases in performance or changes in statistical significance (if used)
- Impact of any methodological changes that could impact the results
- For a survey, include the overall response rate and the implications of the survey response rate

B.2 *For the qualitative analysis*, describe any analysis that identifies causes for less than desired performance (barrier/causal analysis) and include the following:
- Techniques and data (used) in the analysis
- Expertise (e.g., titles; knowledge of subject matter) of the work group or committees conducting the analysis
- Citations from literature identifying barriers (if any)
- Barriers/opportunities identified through the analysis
- Impact of interventions

1/1/99 to 12/31/99
Quantitative Analysis:
The performance goal of 80% compliance for influenza vaccinations and less than 10% for acute hospital admission and acute ER visit was determined by the Clinical Quality Improvement Committee (CQIC) after reviewing the baseline data. The 1999 data was collected as the baseline for future comparisons.

Qualitative Analysis:
The CQIC is composed of, but not limited to, Southern Health staff members representing quality improvement, utilization management, provider relations, and government programs. There are also network physicians representing various specialties such as gastroenterology, surgery, obstetrics/gynecology, family practice, and psychiatry. Barriers were identified through brainstorming. Educational articles are published in the member newsletters to reach the general population.

Barrier: Lack of member knowledge regarding asthma
Opportunity: Increase member knowledge of asthma
Intervention: Educational packets mailed to all new or newly diagnosed members with asthma

Barrier: Lack of member knowledge regarding need to have an influenza vaccination
Opportunity: Increase member knowledge of need for flu vaccination
Intervention: Send all members 65 and older and anyone under 64 with a high-risk diagnosis (e.g., asthma) an influenza educational letter.

1/1/00 to 12/31/00
Quantitative Analysis:

From 1999 to 2000, there was a statistically significant increase in all measures. There were numerous educational interventions implemented in 1999 and 2000 that had an impact on these rates. Members learned more about their asthma and due to the increase in knowledge it is theorized that they took better care of themselves. This could attribute to the decrease in ER visits. The influenza educational letter that was mailed reflects the increase in the influenza rate. The only indicators that met their goals were acute ER visits and hospital admissions.

Qualitative Analysis:
Barriers were identified through brainstorming. The results were presented to the CQIC. The make-up of the CQIC remained unchanged from 1999. Educational articles were published in the member newsletters to reach the general population.

Barrier: Lack of member knowledge regarding asthma
Opportunity: Increase member knowledge of asthma
Intervention: Educational packets mailed to all new or newly diagnosed members with asthma

Barrier: Lack of the child's knowledge regarding asthma
Opportunity: Increase child's knowledge regarding asthma
Intervention: Invitation to an Asthma Camp sent to asthmatic children (6-13) in selected zip code areas (23231, 23223, and 23224)

Barrier: Lack of member knowledge regarding need to have an influenza vaccination
Opportunity: Increase member knowledge of need for flu vaccination
Intervention: All members 65 and older and anyone under 64 with a high-risk diagnosis (e.g., asthma) were sent an influenza educational letter.

Barrier: Lack of member knowledge regarding asthma
Opportunity: Increase Care*N*et member's knowledge of asthma
Intervention: 270 asthma seminar invitations mailed to Care*N*et asthmatic members.

15 Care*N*et members participated in the asthma seminar.

1/1/01 to 12/31/01
Quantitative Analysis:
From 2000 to 2001, there was a decrease in all measures, though not statistically significant. Acute hospital admissions met the established goal. Effective September 1, 2001, Coventry Health Care, Inc. acquired Blue Ridge Health Alliance (QualChoice). As a result, Southern Health merged with QualChoice. The increase in members was partly a result of the merger of the two health plans.

Qualitative Analysis:
Barriers were identified through brainstorming. The results were presented to the CQIC. The make-up of the CQIC remained unchanged from 2000. Educational articles were published in the member newsletters to reach the general population.

Barrier: Lack of the child's knowledge regarding asthma
Opportunity: Increase child's knowledge regarding asthma

Intervention: Invitation to an Asthma Camp sent to asthmatic children (6-13) in selected zip code areas (23231, 23223, 23221, 23224, and 23234)

Barrier: Lack of member knowledge regarding need to have an influenza vaccination
Opportunity: Increase member knowledge of need for flu vaccination
Intervention: All members 65 and older and anyone under 64 with a high-risk diagnosis (e.g., asthma) were sent an influenza educational letter.

1/1/02 to 12/31/02
Quantitative Analysis:
From 2001 to 2002, there was a statistically significant increase in all measures.

Qualitative Analysis:
Barriers were identified through brainstorming. The results were presented to the CQIC. The make-up of the CQIC remained unchanged from 2001. Educational articles were published in the member newsletters to reach the general population.

Barrier: Inadequate member knowledge regarding long-term control medication
Opportunity: Increase member's knowledge regarding long-term control medication
Intervention: Asthma letters informing members of the benefit from taking long-term control medication mailed

Barrier: Lack of member knowledge regarding need to have an influenza vaccination
Opportunity: Increase member knowledge of need for flu vaccination
Intervention: All members 65 and older and anyone under 64 with a high-risk diagnosis (e.g., asthma) were sent an influenza educational letter.

1/1/03 to 12/31/03
Quantitative Analysis:
From 2002 to 2003, there was a decrease in ER visits and hospital admissions. There was a statistically significant increase in influenza vaccinations.

Qualitative Analysis:
Barriers were identified through brainstorming. The results were presented to the CQIC. The make-up of the CQIC remained unchanged from 2002. Educational articles were published in the member newsletters to reach the general population.

Barrier: Inadequate member knowledge regarding asthma
Opportunity: Increase member's knowledge regarding asthma
Intervention: Educational packets that include a variety of information on asthma is sent to all new or newly diagnosed asthmatic members

Barrier: Lack of member knowledge regarding need to have an influenza vaccination
Opportunity: Increase member knowledge of need for flu vaccination
Intervention: All members 65 and older and anyone under 64 with a high-risk diagnosis (e.g., asthma) were sent an influenza educational letter.

Section IV: Interventions Table

Interventions Taken for Improvement as a Result of Analysis. List chronologically the interventions that have had the most impact on improving the measure. Describe only the interventions and provide quantitative details whenever possible (e.g., "hired 4 customer service reps" as opposed to "hired customer service reps"). Do not include intervention planning activities.

Date Implemented (MM / YY)	Check if Ongoing	Interventions	Barriers That Interventions Address
01/99	✔	Case Manager dedicated to the Asthma Disease Management Program hired and trained. Will provide one-on-one contact with those members who need more intense monitoring	Inadequate resources to address member specific issues related to asthma disease management
01/99	✔	All new or newly diagnosed asthmatic members are sent an educational packet that included a variety of information on asthma	Inadequate member knowledge regarding asthma
Fall 99		Article, "The Flu – Who Needs It" published in The Bear Facts (Care*N*et member newsletter)	Inadequate member knowledge
10/99		Letter recommending obtaining an influenza vaccination sent to all members identified as asthmatic	Inadequate member knowledge regarding the need to obtain an influenza vaccination
12/99		Article, "Pharmacy Benefit Manager Changes" published in Connection (provider newsletter)	Inadequate member knowledge
Winter 99		Article, "Asthma Action" published in *The Bear Facts*	Inadequate member knowledge
01/00		Pharmacy vendor changed	
01/00	✔	Care*N*et 2000 Outreach Calendar distributed to staff (contains list of dates and locations of outreach programs scheduled for the year)	Inadequate member knowledge
1/7/00		Letter announcing an asthma class sent to all Care*N*et asthmatic children	Inadequate member knowledge
5/19/00		323 letters mailed to Care*N*et children (age 6-13) members in the 23223 and 23231 zip code areas inviting them to participate in a June Asthma Camp sponsored by the American Lung Association	Inadequate member knowledge
6/24/00		Asthma camp held for those in the 23223 and 23231 zip code areas	Inadequate member knowledge

7/17/00		341 letters mailed to Care*N*et and Commercial asthmatic children (age 6-13) members in the 23224 zip code are inviting them to participate in an August Asthma Camp sponsored by the American Lung Association	Inadequate member knowledge
8/12/00		Asthma camp held for those in the 23224 zip code area	Inadequate member knowledge
8/28/00		2,303 influenza educational letters sent to all members age 65 and older and anyone 64 or under with a high-risk diagnosis (asthmatics included)	Inadequate member knowledge
Fall 2000		Article, "No Flu for You" published in *The Bear Facts*	Inadequate member knowledge
10/00		270 asthma seminar invitations mailed to Care*N*et asthmatic members	Inadequate member knowledge
10/21/00		"Asthma: Signs, Symptoms and Treatment" seminar held (15 of the 270 participated in the seminar)	Inadequate member knowledge
12/00	✔	Southern Health launched its new web site which contains articles and web links related to asthma (www.southernhealth.com)	Inadequate member knowledge
Winter 00/01		Article, "An Asthma Alert" published in *The Bear Fact*s	Inadequate member knowledge
01/01		Care*N*et 2001 Outreach Calendar distributed to staff	Inadequate member knowledge
Spring 01		Article, "Asthma Action: Is it an Emergency?" published in *The Bear Facts*	Inadequate member knowledge
6/15/01		180 and 112 letters mailed to Care*N*et children (6-13) members in the 23223 and 23231 zip code areas respectively inviting them to participate in a July 21, 2001 Asthma Camp sponsored by the American Lung Association	Inadequate member knowledge
6/15/01		20, 357, and 211 letters mailed to Care*N*et children (6-13) members in the 23221, 23224, and 23234 zip code areas respectively inviting them to participate in a July 28, 2001 Asthma Camp sponsored by the American Lung Association	Inadequate member knowledge
7/21/01		Asthma camp held	Inadequate member knowledge
7/28/01		Asthma camp held	Inadequate member knowledge
Fall 01		Article, "Taming Asthma" published in *The Bear Facts*	Inadequate member knowledge
11/19/01		816 Care*N*et influenza educational letters sent to all members age 65 and older and anyone 64 or under with a high-risk diagnosis (asthmatics included)	Inadequate member knowledge

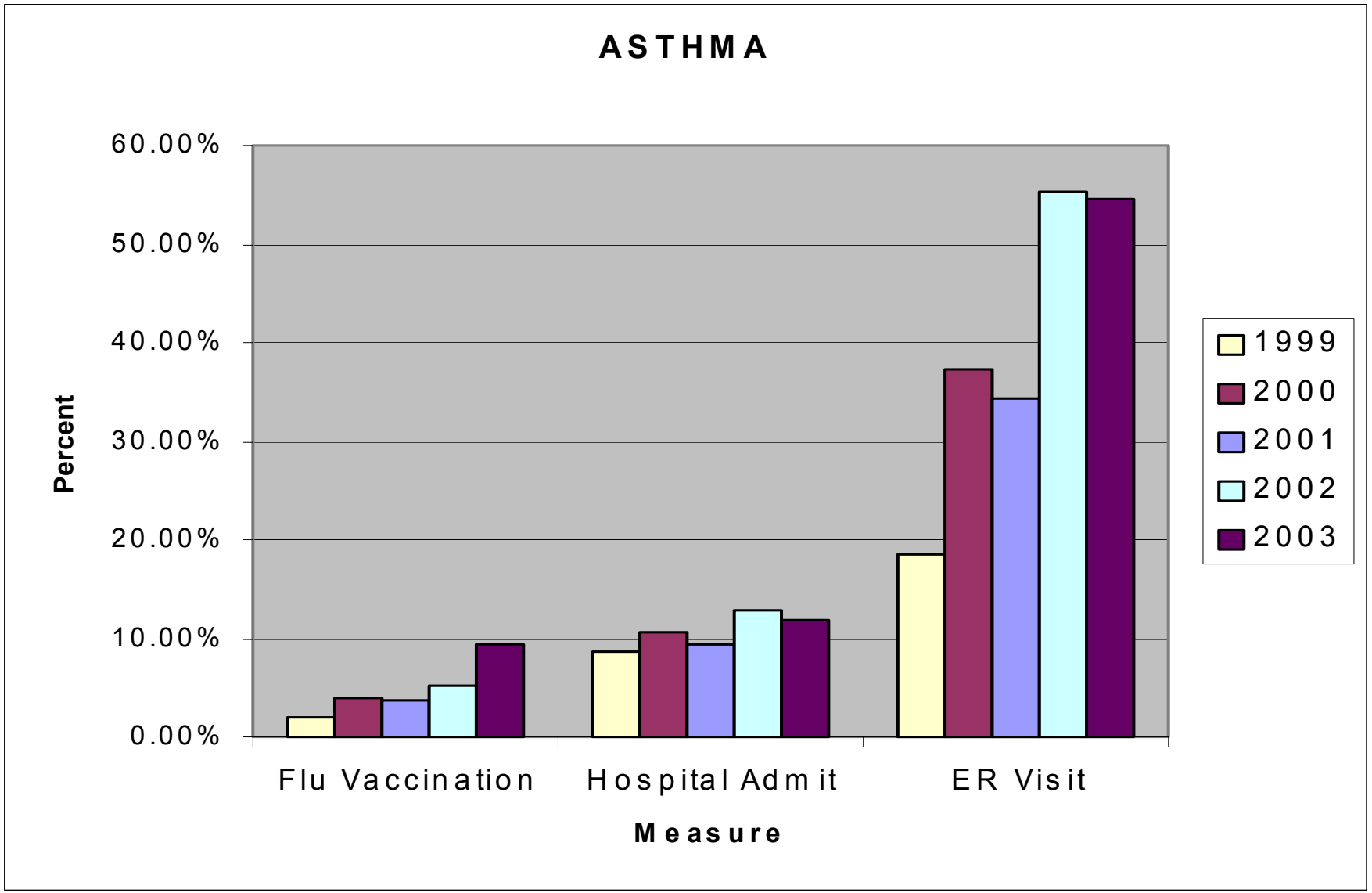
Winter 01		Article, "Know Your Medications" published in *The Bear Facts*	Inadequate member knowledge
01/02		Care*N*et 2002 Outreach Calendar distributed to staff	Inadequate member knowledge
Spring 02		Article, "Pets and Asthma" published in *The Bear Facts*	Inadequate member knowledge
7/18/02		2 letters were mailed to children (age 9-10) in the 22911 zip code area inviting them to participate in an August 16-18, 2002 Asthma Camp sponsored by the American Lung Association	Inadequate member knowledge
Summer 02		Article, "It's an Asthma Attack" published in *The Bear Facts*	Inadequate member knowledge
9/12/02		11,570 influenza educational letters sent to all members age 65 and older and anyone 64 or under with a high-risk diagnosis (asthmatics included)	Inadequate member knowledge
Fall 02		Article, "Asthma Action" published in *The Bear Facts*	Inadequate member knowledge
11/21/02		317 Care*N*et asthma letters mailed to the parents of asthmatic children members informing them of the benefit from taking a long-term control medication	Inadequate member knowledge regarding long-term control medication
12/19/02		317 Care*N*et asthma letters mailed to adult asthmatic members informing them of the benefit from taking a long-term control medication	Inadequate member knowledge
12/19/02		808 Primary Care Physicians mailed a list of their asthmatic members informing them of the benefit from taking a long-term control medication	Inadequate provider knowledge regarding which of their Southern Health asthmatic members may have poorly controlled asthma and are not filling prescriptions for long-term control medication
01/03		19 adult and 57 pediatric (new or newly diagnosed) asthmatic members sent an educational packet that included a variety of information on asthma	Inadequate member knowledge regarding asthma
02/03		13 adult and 72 pediatric (new or newly diagnosed) asthmatic members sent an educational packet that included a variety of information on asthma	Inadequate member knowledge regarding asthma
03/03		11 adult and 45 pediatric (new or newly diagnosed) asthmatic members sent an educational packet that included a variety of information on asthma	Inadequate member knowledge regarding asthma

04/03		14 adult and 40 pediatric (new or newly diagnosed) asthmatic members sent an educational packet that included a variety of information on asthma	Inadequate member knowledge regarding asthma
05/03		9 adult and 64 pediatric (new or newly diagnosed) asthmatic members sent an educational packet that included a variety of information on asthma	Inadequate member knowledge regarding asthma
06/03		18 adult and 38 pediatric (new or newly diagnosed) asthmatic members sent an educational packet that included a variety of information on asthma	Inadequate member knowledge regarding asthma
06/03		75 Care*N*et asthma letters mailed to adult asthmatic members informing them of the benefit from taking a long-term control medication	Inadequate member knowledge
Summer 03		Article, "Your Peak Flow Meter" published in *The Bear Facts*	Inadequate member knowledge
07/03		18 adult and 59 pediatric (new or newly diagnosed) asthmatic members sent an educational packet that included a variety of information on asthma	Inadequate member knowledge regarding asthma
07/03		23 Care*N*et asthma letters mailed to adult asthmatic members informing them of the benefit from taking a long-term control medication	Inadequate member knowledge
08/03		13 adult and 51 pediatric (new or newly diagnosed) asthmatic members sent an educational packet that included a variety of information on asthma	Inadequate member knowledge regarding asthma
09/03		16 adult and 28 pediatric (new or newly diagnosed) asthmatic members sent an educational packet that included a variety of information on asthma	Inadequate member knowledge regarding asthma
09/03		9 Care*N*et asthma letters mailed to adult asthmatic members informing them of the benefit from taking a long-term control medication	Inadequate member knowledge
10/03		6 adult and 45 pediatric (new or newly diagnosed) asthmatic members sent an educational packet that included a variety of information on asthma	Inadequate member knowledge regarding asthma

10/13/03		120 Care*N*et influenza educational letters sent to all members age 65 and older, 1,619 sent to anyone 64 or under with a high-risk diagnosis (asthmatics included), and 997 sent to children with asthma	Inadequate member knowledge
11/03		6 adult and 44 pediatric (new or newly diagnosed) asthmatic members sent an educational packet that included a variety of information on asthma	Inadequate member knowledge regarding asthma
12/03		12 adult and 68 pediatric (new or newly diagnosed) asthmatic members sent an educational packet that included a variety of information on asthma	Inadequate member knowledge regarding asthma
12/03		65 Care*N*et asthma letters mailed to adult asthmatic members informing them of the benefit from taking a long-term control medication	Inadequate member knowledge

Section V: Chart or Graph (Optional)

Attach a chart or graph for any activity having more than two measurement periods that shows the relationship between the timing of the intervention (cause) and the result of the remeasurements (effect). Present one graph for each measure unless the measures are closely correlated, such as average speed of answer and call abandonment rate. Control charts are not required, but are helpful in demonstrating the stability of the measure over time or after the implementation.



PERFORMANCE IMPROVEMENT PROJECT VALIDATION WORKSHEET

Project Information
MCO/PHP Name or ID: Southern Health Services (CareNet)
PIP Topic: Increasing the number of members with asthma to receive care according to the guidelines
Dates in Study Period: 1/1/1999 to 12/31/1999 **Dates of Review Period:** 1/1/2003 to 12/31/2003

I. ACTIVITY 1: ASSESS THE STUDY METHODOLOGY					
Step 1. REVIEW THE SELECTED STUDY TOPIC(S)					
Component/Standard	**Y**	**N**	**N/A**	**Comments**	**Cites and Similar References**
1.1 Was the topic selected through data collection and analysis of comprehensive aspects of enrollee needs, care and services?	☒	☐	☐	For the state selected PIP "Increasing the number of members with asthma to receive care according to the guidelines", Southern Health Services (CareNet) submitted internal Medicaid - specific data to justify the choice of the study topic. "Asthma has consistently ranked in the top 25 diagnoses for inpatient and ambulatory services. CareNet utilization data revealed that approximately 6% of enrollees diagnosed with asthma had an emergency room (ER) visit in 1998. The report should describe current data analyzed to justify the choice of the topic and focus area.	QAPI RE2Q1 QAPI RE2Q2,3,4 QIA S1A1
1.2 Did the MCO s/PHP s PIP address a broad spectrum of key aspects of enrollee care and services?	☒	☐	☐	This clinical PIP will address a broad spectrum of key aspects of care and services in its attempts to decrease hospital and ED admissions, and to increase flu vaccinations to enrollees with a diagnosis of asthma.	QAPI RE2Q1 QIA S1A2
1.3 Did the MCOs/PHPs PIPs over time, include all enrolled populations; i.e. , did not exclude certain enrollees such as with those with special health care needs?	☒	☐	☐	Southern Health chose to include all CareNet members identified as asthmatic via ICD9 code 493. No exclusions were noted.	QAPI RE2Q1 QIA S1A2

I. ACTIVITY 1: ASSESS THE STUDY METHODOLOGY

Step 1. REVIEW THE SELECTED STUDY TOPIC(S)

Assessment Component 1

☒ Met – All required components are present.

☐ Partially Met – Some, but not all components are present.

☐ Unmet -None of the required components are present.

Recommendations

The plan should describe results of internal data analysis that helped to form the problem statement or specific focus for this study (as it relates to the Southern Health population).

Step 2: REVIEW THE STUDY QUESTION(S)					
Component/Standard	**Y**	**N**	**N/A**	**Comments**	**Cites and Similar References**
2.1 Was there a clear problem statement that described the rationale for the study?	☐	☒	☐	PIP documentation did not state a specific problem or study question.	QIA S1A3

Assessment Component 2

☐ Met – All required components are present.

☐ Partially Met – Some, but not all components are present.

☒ Unmet -None of the required components are present.

Recommendations

Submit a clear problem statement or study question that identifies why CareNet decided to focus on this project as a meaningful activity for the Medallion II population enrolled in 2003.

Step 3: REVIEW SELECTED STUDY INDICATOR(S)					
Component/Standard	**Y**	**N**	**N/A**	**Comments**	**Cites and Similar References**
3.1 Did the study use objective, clearly defined, measurable indicators?	☐	☒	☐	Three indicators were developed by CareNet, and have been measured over the last 4 years. 1) Percent of eligible members who had an influenza vaccination, 2) Percent of eligible members who had an acute hospital admission, and 3) Percent of eligible members who had an acute ER visit. ICD 9 code (493) was used to identify enrollees with a diagnosis of asthma and CPT 9 codes were listed for service utilization. Age and enrollment criteria were not specified which is a component of a clearly defined and measurable indicator.	QAPI RE3Q1, QAPI RE3Q2-6 QAPI RE3Q7-8 QIA S1B2 QIA S1B3
3.2 Did the indicators measure changes in health status, functional status, or enrollee satisfaction, or processes of care with strong associations with improved outcomes?	☒	☐	☐	The acute hospital admission and acute ER visit indicators clearly measure changes in health status. The influenza vaccination has been demonstrated to have a strong association with improved health outcomes.	QAPI RE3Q9 QIA S1B1

Assessment Component 3

☐ Met – All required components are present.

☒ Partially Met – Some, but not all components are present.

☐ Unmet -None of the required components are present

Recommendations

Describe age and enrollment criteria to clearly define the indicators.

Step 4: REVIEW THE IDENTIFIED STUDY POPULATION					
Component/Standard	**Y**	**N**	**N/A**	**Comments**	**Cites and Similar References**
4.1 Did the MCO/PHP clearly define all Medicaid enrollees to whom the study question(s) and indicator(s) are relevant?	☒	☐	☐	CareNet defined all Medicaid enrollees for all three indicators as members identified as asthmatics in the measurement year based upon ICD 9 code 493.	QAPI RE2Q1, QAPI RE3Q2-6
4.2 If the MCO/PHP studied the entire population, did its data collection approach capture all enrollees to whom the study question applied?	☒	☐	☐	Southern Health chose to include all CareNet members identified as asthmatic via ICD9 code 493. The following CPT9 codes were reviewed: 90724, V03.81, V04.8 and G0008 (State mandated code).	QAPI RE4Q1&2 QAPI RE5Q1.2 QIA I B, C

Assessment Component 4

☒ Met – All required components are present.

☐ Partially Met – One, but not all components are present.

☐ Unmet -None of the required components are present.

Recommendations

Step 5: REVIEW SAMPLING METHODS					
Component/Standard	**Y**	**N**	**N/A**	**Comments**	**Cites and Similar References**
5.1 Did the sampling technique consider and specify the true (or estimated) frequency of occurrence of the event, the confidence interval to be used, and the margin of error that will be acceptable?	☐	☐	☒	No sampling was used. CareNet stated that they included the entire eligible population in the PIP.	QAPI RE5Q1.3a QIA S1C2
5.2 Did the MCO/PHP employ valid sampling techniques that protected against bias? *Specify the type of sampling or census used:*	☐	☐	☒		QAPI RE5Q1.3b-c QIA S1C2
5.3 Did the sample contain a sufficient number of enrollees?	☐	☐	☒		QAPI RE5Q1.3b-c QIA S1C2

Assessment Component 5

☐ Met – All required components are present.

☐ Partially Met – Some, but not all components are present.

☐ Unmet -None of the required components are present.

☒ Not applicable.

Recommendations

Step 6: REVIEW DATA COLLECTION PROCEDURES					
Component/Standard	**Y**	**N**	**N/A**	**Comments**	**Cites and Similar References**
6.1 Did the study design clearly specify the data to be collected?	☒	☐	☐	Administrative data.	QAPI RE4Q1&2
6.2 Did the study design clearly specify the sources of data	☐	☒	☐	Claims and encounter data. It was not clear as to which data were collected for each separate indicator, which is the expectation for this component.	QAPI RE4Q1&2
6.3 Did the study design specify a systematic method of collecting valid and reliable data that represents the entire population to which the study's indicator(s) apply?	☐	☒	☐	The data collection methodology was listed as a programmed pull from claims/encounter files of all eligible members as well as pharmacy data. It is unclear whether pharmacy data will be collected manually or through an automated system. The data collection cycle was identified as once a year. There was no evidence of a plan to audit data to ensure validity and reliability for any indicator.	QAPI RE4Q3a QAPI RE4Q3b QIA S1C1 QIA S1C3
6.4 Did the instruments for data collection provide for consistent, accurate data collection over the time periods studied?	☐	☒	☐	The PIP did not include a plan to ensure that data collection tools provided consistency and accuracy in data collection.	QAPI RE4Q1&2 QAPI RE4Q3b QAPI RE7Q1&2

Step 6: REVIEW DATA COLLECTION PROCEDURES					
6.5 Did the study design prospectively specify a data analysis plan?	☒	☐	☐	The data analysis cycle was specified as once a year. Qualitative data for the entire eligible population was collected on influenza vaccinations, acute hospital admissions, and acute ER visits. The section on "Identifying and Analyzing Opportunities for Improvement" stated that 1999 data was collected as the baseline for future comparisons. The "Data/Results Table" evidenced comparison of results from baseline to remeasurement 1 and 4 and from remeasurements 1 to 2, 2 to 3, and 3 to 4.	QAPI RE5Q1.2
6.6 Were qualified staff and personnel used to collect the data?	☐	☒	☐	The PIP did not specify the qualifications of staff/personnel used to collect the data.	QAPI RE4Q4

Assessment Component 6

☐ Met – All required components are present.

☒ Partially Met – Some, but not all components are present.

☐ Unmet -None of the required components are present.

Recommendations

Describe which data sources were used for data collection for each indicator. Describe the specific audit plan that sought to ensure the collection of valid and reliable data over time. Describe the degree of completeness for the automated data. Describe qualifications of staff/personnel used to collect the data.

Step 7: ASSESS IMPROVEMENT STRATEGIES					
Component/Standard	**Y**	**N**	**N/A**	**Comments**	**Cites and Similar References**
7.1 Were reasonable interventions undertaken to address causes/barriers identified through data analysis and QI processes undertaken?	☒	☐	☐	CareNet performed a qualitative barrier analysis in 2003 that described their Quality Management System's approach to barrier analysis. Barriers identified were mostly member related: Inadequate member knowledge regarding asthma and a lack of member knowledge regarding need to have an influenza vaccination. Ongoing interventions include a dedicated case manager and an asthma website.	QAPI RE6Q1a QAPI RE6Q1b QAPI RE1SQ1-3 QIA S3.5 QIA S4.1 QIA S4.2 QIA S4.3

Assessment Component 7

☒ Met – All required components are present.

☐ Partially Met – Some, but not all components are present.

☐ Unmet -None of the required components are present.

Recommendations

Step 8: REVIEW DATA ANALYSIS AND INTERPRETATION OF STUDY RESULTS					
Component/Standard	**Y**	**N**	**N/A**	**Comments**	**Cites and Similar References**
8.1 Was an analysis of the findings performed according to the data analysis plan?	☒	☐	☐	CareNet analyzed its findings after 2003 measurement period. Both a quantitative and qualitative analysis was performed.	QAPI RE4Q4 QIA III
8.2 Did the MCO/PHP present numerical PIP results and findings accurately and clearly?	☒	☐	☐	The Data/Results Table accurately and clearly identified the rate and MCO goal for each indicator for each measurement period.	
8.3 Did the analysis identify: initial and repeat measurements, statistical significance, factors that influence comparability of initial and repeat measurements, and factors that threaten internal and external validity?	☒	☐	☐	The 2003 analysis did identify initial measurements as expected for this review cycle.	QAPI RE7Q2 QIA S1C4 QIA S2.1
8.4 Did the analysis of study data include an interpretation of the extent to which its PIP was successful and follow-up activities?	☐	☐	☒	This is baseline measurement for 2003.	QIA S2.2

Assessment Component 8

☒ Met – All required components are present.

☐ Partially Met – Some, but not all components are present.

☐ Unmet -None of the required components are present.

Recommendations

Step 9: ASSESS WHETHER IMPROVEMENT IS REAL IMPROVEMENT					
Component/Standard	**Y**	**N**	**N/A**	**Comments**	**Cites and Similar References**
9.1 Was the same methodology as the baseline measurement used when measurement was repeated?	☐	☐	☒	This is the baseline year for this project.	QAPI RE7Q2 QAPI 2SQ1-2 QIA S1C4 QIA S2.2 QIA S3.1 QIA S3.3 QIA S3.4
9.2 Was there any documented quantitative improvement in processes or outcomes of care?	☐	☐	☒		QAPI RE7Q3 QIA S2.3
9.3 Does the reported improvement in performance have face validity; i.e., does the improvement in performance appear to be the result of the planned quality improvement intervention?	☐	☐	☒		QIA S3.2
9.4 Is there any statistical evidence that any observed performance improvement is true improvement?	☐	☐	☒		QIA S2.3

Assessment Component 9

☐ Met – All required components are present.

☐ Partially Met – Some, but not all components are present.

☐ Unmet -None of the required components are present.

Recommendations

Step 10: ASSESS SUSTAINED IMPROVEMENT					
Component/Standard	**Y**	**N**	**N/A**	**Comments**	**Cites and Similar References**
10.1 Was sustained improvement demonstrated through repeated measurements over comparable time periods?	☐	☐	☒	This is the baseline year for this project.	QAPI RE2SQ3 QIA II, III

Assessment Component 10

☐ Met – All required components are present.

☐ Partially Met – Some, but not all components are present.

☐ Unmet -None of the required components are present.

Recommendations

Key Findings

1. **Strengths of this PIP submission**
   - A quantitative and qualitative analysis was performed.
   - Qualitative analysis was clearly defined.
   - Although this is a baseline year, CareNet did realize improvement in all indicators over time.

2. **Best Practices**

   None identified.

3. **Potential /significant issues experienced by MCO**

4. **Actions taken by MCO**

5. **Recommendations:**

- Describe results of internal data analysis that lends support for the study's rationale.
- Clearly state the problem statement that identifies what is targeted for improvement in the Medallion II population.
- Specify inclusion and exclusion criteria, such as age and enrollment, to define measurable indicators.
- Clearly identify which data sources are used to calculate the indicator.
- Describe efforts taken to assure the data is valid, including audits of the data collection, the plan of data analysis, and the qualifications of the staff responsible for collecting the data. Clarify whether the pharmacy data is collected manually or through an automated system.